

OFFICE OF THE PLANNING DIRECTOR

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APPLICATION TO THE AMHERST ZONING BOARD OF ADJUSTMENT

Owner: Ap Address: Ac	Number: Fee:Paid: pplicant/Agent:
Site Location/Street: Zo	ning District:Tel:
Application Type: Variance Special Exception	
The applicant hereby requests a Variance, (or) Special Exception from (or under) the provisions of Article:, Section:, Paragraph: In order that he or she may:	
General Instructions: A <u>typed</u> application must be filed in the Zoning Office, for review, no less than thirty (30) days prior to Zoning Board of Adjustment meeting, which is held every third Tuesday of each month. Included shall be eleven (11) copies of the application, plans (floor and elevations), and any additional documentation for the application. A plot plan of the lot showing the existing and proposed structures, certified by a Licensed Land Surveyor, is also required. All plans are to be to scale with a graphic scale shown. There shall be a <u>typed</u> list of abutters and owners, which shall also include any licensed professionals noted on the plans. All listed shall have three (3) sets of 1" x 2.5" <u>typed</u> gummed labels.	
Note: Applications will not be processed without the fee being paid.	
Fees: Application: \$ 204. All abutters are: \$ 6.00 / each.	
Fee calculations: Application Fee: \$ 204 + \$ 6.00 x abut = Total due: \$	
Staff Comments:	
I, the undersigned, hereby certify that the names listed best of my knowledge and belief. I acknowledge that sources that are available to insure that any and all passes, and hereby certify that I have done so.	ed as abutters are accurate and correct to the it is my responsibility to check such other
Signature of Owner:	Date:
Note: If not signed by owner a letter of authorization	